

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						10/089147			
						APPLICANT(S)			
						CLAIMS			
	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1								
2		1							
3		1							
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48									
49									
50									
TOTAL IND.	2								
TOTAL DEP.	18								
TOTAL CLAIMS	20								